

Monitoring Form to be utilized in accordance with P-30 Restraint Protocol, attach to Restraint Form/QI copy of patient report

Run # _____

Date of Incident _____

AGGRESSION SCALE

Deliberate overt violent behavior, directed toward others, with intent to harm.

		NEVER	RARELY	SOMETIMES	ALWAYS
1.	Hitting/punching	0	1	2	3
2.	Biting	0	1	2	3
3.	Spitting	0	1	2	3
4.	Kicking	0	1	2	3
5.	Screaming	0	1	2	3
6.	Cursing	0	1	2	3
7.	Threatening Speech	0	1	2	3
8.	Demeaning Speech	0	1	2	3
9.	Intense Staring	0	1	2	3

AGITATION SCALE

Physical/violent outbursts or movement, without intent to harm.

		NEVER	RARELY	SOMETIMES	ALWAYS
1.	Motor Restlessness	0	1	2	3
2.	Distractibility	0	1	2	3
3.	Incoherent Speech	0	1	2	3
4.	Irritability	0	1	2	3
5.	Purposeless Movement	0	1	2	3
6.	Nervousness	0	1	2	3

PSYCHOSIS SCALE

		NEVER	RARELY	SOMETIMES	ALWAYS
1.	Disorganized Ideas/Speech	0	1	2	3
2.	Hallucinations	0	1	2	3
3.	Violent Acts Toward Self	0	1	2	3
4.	Manic	0	1	2	3
5.	Bizarre Thoughts/Behavior	0	1	2	3
6.	Uncontrollable Weeping/ Despair	0	1	2	3
7.	Pressured Speech	0	1	2	3